

**TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.**

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21707 U.S. PTO  
10/624386  
07/22/03

16711 U.S. PTO  
07/22/03

**PATENT**

Attorney Docket No. SMB-6664

Mail Stop New Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): **Jorge D. Fernandez**

For (title): **A WIRELESS MESSAGE SYSTEM WITH MONITOR FEEDBACK  
AND AUTOMATIC BACKUP CONTROL**

Enclosed are:

**1. Papers Required for Filing Date Under 37 CFR 1.53(b):**

10 Pages of specification  
1 Pages Abstract  
4 Pages of claims  
9 Sheets of drawing (Figs. 1-8)  
☒ formal  
☐ informal

In addition to the above papers there is also attached:

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date July 22, 2003 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EU-712716698US addressed to Mail Stop New Patent Application Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Anita J. Galo  
(Type or print name of person mailing paper)

Anita J. Galo  
(Signature of person mailing paper)

2. Declaration or oath:

- ☒ Enclosed (Not Executed)  
☐ Not Enclosed.

3. Language:

- ☒ English  
☐ Non-English  
☐ A verified English translation of the  
☐ specification and claims  
☐ declaration  
is attached.

4. Assignment:

- ☐ An assignment of the invention to \_\_\_\_\_  
\_\_\_\_\_  
☐ is attached.  
☐ will follow

5. Certified Copy:

Certified copy (ies) of application (s)

(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)
(Country)	(Appln. No.)	(Filed)

from which priority is claimed

- ☐ is attached  
☐ will follow

**6. Fee Calculation:**  
**(Small entity filing fee is 50% normal fee)**

CLAIMS AS FILED				
Number Filed	Number Extra		Rate	Basic Fee
				\$ 375.00
Total Claims	29	-20 =	9 X	\$ 9.00
Independent Claims	2	- 3 =	0 X	\$ 42.00
Multiple dependent claim(s), if any			0 +	\$ 140.00
				81.00
				0.00
				0.00

- ☐ Amendment canceling extra claims enclosed
- ☒ Amendment deleting multiple dependencies enclosed
- ☐ Fee for extra claims is not being paid at this time

Filing Fee Calculation **\$456.00**

**7. Small Entity Statement**

- ☒ The present application is being filed by or on behalf of a **small entity** as defined in 37 CFR 1.9 and 1.27 for purposes of paying reduced fees.

**8. Fee Payment Being Made At This Time:**

Enclosed:

- ☒ basic filing fee \$456.00
- ☐ assignment recordal fee \$
- ☐ for processing an application with a specification in a non-English language \$
- Total fees enclosed **\$456.00**

**9. Method of Payment Fees:**

☒ check in the amount of \$ 456.00 enclosed.

☒ The Commissioner is hereby authorized to charge any **DEFICIENCY** in the filing fees for this application to our Deposit Account No. 20-0090.

**10. Instructions As to Overpayment:**

☒ refund

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**SIGNATURE OF ATTORNEY, REG. NO. 40,871**  
**CUSTOMER NO. 26,294**

Richard S. Wesorick  
\_\_\_\_\_  
Type or print name of attorney